

NAME CHANGE

YOU CAN USE THIS PACKET IF THE FOLLOWING IS TRUE:

- [] YOU WANT TO LEGALLY CHANGE THE NAME OF YOURSELF AND/OR YOUR CHILD UNDER AGE 18
- [] YOU ARE OVER AGE 17
- [] IF YOU WANT TO CHANGE YOUR CHILD'S NAME, BOTH PARENTS WILL SIGN THE FORMS, AND BOTH PARENTS ARE OVER AGE 17
- [] EACH PERSON WHOSE NAME YOU WANT TO CHANGE LIVES IN COCONINO COUNTY

Before signing a court document or getting involved with a court case, it's important to see an attorney to make sure you understand your legal rights and responsibilities. The Self-Help Center has information on finding an attorney.

INSTRUCTIONS

Read all forms and instructions before starting. Fill out forms by printing in blue ink or typing. Do not fill in un-numbered blanks on forms.

Notaries: Some forms must be signed in front of a notary. Notaries are at most banks or listed in the Yellow Pages. The person signing must bring a photo ID. Notaries usually charge a fee.

Filing Fee: To find the fee to file court papers, see the Self-Help Center packet *Superior Court Filing Fees* or call the Clerk's Office at 928-779-6535. The Clerk's Office accepts only cash, money orders, and cashier's checks payable to "Clerk of Superior Court". If you can't afford the fee, see the Self-Help Center packet *Filing Fee Deferral at the Start of Your Case*.

STEP 1: FILL OUT THE CIVIL COVER SHEET

You are the Plaintiff. Enter as much information as you know. Under "Nature of Action", put an X in the blank next to "Change of Name" under "Non-Classified Civil".

STEP 2: FILL OUT THE APPLICATION FOR NAME CHANGE

- (1) Enter your current name; street address; city, state, and zip code; and phone number.
- (2) Enter your current name.
- (3) Check the box(es) indicating whether you want to change the name of an adult, a minor, or both.
- (4) If you want your own name changed, enter your current name, new name, birthdate, and birthplace. Check the box indicating whether you have been convicted of a felony. Check the box indicating whether you have changed your name before. If so, enter each former name, the dates you had it, and why you changed it.
- (5) If you want your child's name changed, enter each child's current name, new name, birthdate, and birthplace.
- (6) Enter why you want each name changed.
- (7) Read the Application and make sure that you understand everything in it and that everything in it is true. Sign in front of a notary. If you want to change the name of a child under age 18, the other parent also must sign in front of a notary.

STEP 3: FILL OUT THE ORDER CHANGING NAME

- (1) Enter your current name; street address; city, state, and zip code; and phone number.
- (2) Enter your current name.
- (3) Check the box(es) indicating whether you want to change the name of an adult, a minor, or both.
- (4) For each person whose name you want changed, enter the current name, new name, and birthdate.
- (5) If you want a birth certificate issued with the new name, check the box.

STEP 4: FILE THE FORMS WITH THE COURT

Take or mail the filing fee and the original and one copy of the following to the Clerk's Office in the Coconino County Courthouse at 200 N. San Francisco St., Flagstaff, AZ 86001.

- ☐ Civil Cover Sheet
- ☐ Application for Name Change
- ☐ Order Changing Name

The Clerk will stamp your copy with the filing date and return it to you for your records. If you file by mail, include a self-addressed, stamped envelope and a note asking the Clerk to return the date-stamped copy to you.

STEP 5: THE COURT WILL MAIL YOU THE SIGNED ORDER

The Court will mail you a copy of the Order stamped with the judge's signature once the judge signs it. This is called a "conformed" copy. It is not a "certified copy".

You will need a "certified copy" of the Order to get a new birth certificate, driver's license, or social security card or for other official purposes. To get a certified copy, you must pay the Clerk's Office the appropriate fee plus a photocopy fee (to find the fees, see the Self-Help Center packet, *Superior Court Filing Fees*, or call the Clerk's Office at 928-779-6535). If you pay these fees when you file the Application and Order, the Court will mail you the certified copy once the judge signs the Order. You can also go back to the Clerk's Office at a later date to pay the fee and receive a certified copy of the Order.

THE SUPERIOR COURT OF COCONINO COUNTY

Civil Cover Sheet

Please provide the following information. (Type or Print)

CASE NUMBER CV-

PLAINTIFF'S NAME and ADDRESS Name: _____ Address: _____ City/State/Zip: _____ (List additional plaintiffs on reverse side)	DEFENDANT'S NAME and ADDRESS Name: _____ Address: _____ City/State/Zip: _____ (List additional defendants on reverse side)
PLAINTIFF'S ATTORNEY Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ State Bar No. _____	AMOUNT IN CONTROVERSY (if alleged) Compensatory \$ _____ Punitive \$ _____ Attorney Fees \$ _____ ARBITRATION <input type="checkbox"/> Subject to Arbitration <input type="checkbox"/> Not Subject to Arbitration
EMERGENCY ORDER SOUGHT: <input type="checkbox"/> Temporary Restraining Order <input type="checkbox"/> Provisional Remedy <input type="checkbox"/> Other _____ (Specify)	FEES: <input type="checkbox"/> PAID <input type="checkbox"/> NOT PAID REASON: <input type="checkbox"/> Political Subdivision/Government Agency <input type="checkbox"/> Deferred <input type="checkbox"/> Waived

NATURE OF ACTION

Place an "X" next to one description below which best describes the nature of the case.

TORT MOTOR VEHICLE

_____ Personal Injuries
_____ Property Damage
_____ Death

TORT NON-MOTOR VEHICLE

_____ Assault & Battery
_____ Libel/Slander
_____ Negligence
_____ False Imprisonment
_____ Personal Injury
_____ Property Damage
_____ Civil Fraud

Other: _____

MEDICAL MALPRACTICE

_____ Physician - M.D.
_____ Physician - D.O.
_____ Hospital

Other: _____

NON-CLASSIFIED CIVIL

_____ Special Action
_____ Forcible Detainer
_____ Change of Name
_____ Transcript of Judgment
_____ Foreign Judgment
_____ Declaratory Judgment
_____ Eminent Domain
_____ Habeas Corpus
_____ Quiet Title
_____ Harrassment
_____ Seized Property
_____ Administrative Review

Other: _____

CONTRACTS

_____ Account
_____ Promissory Note
_____ Foreclosure

Other: _____

FOR OFFICE USE ONLY:

entered by: #

Rev. 12/93

(1) Person Filing: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

In the Matter of the Application of: _____ Case Number: _____

(2) _____ **APPLICATION FOR NAME CHANGE OF:**
(3) ☐ AN ADULT AND/OR ☐ A MINOR

(4) I ask the court to change my name as follows:

Current Name: _____
New Name: _____
Birthdate: _____ Birthplace: _____
☐ Yes ☐ No: I have been convicted of a felony. ☐ Yes ☐ No: I have changed my name before.
MY NAME WAS: _____ From: _____ To: _____
Reason for Change: _____
MY NAME WAS: _____ From: _____ To: _____
Reason for Change: _____

(5) We ask the court to change our child's name as follows. Each child is our natural or adopted child, and we agree to the name change.

CURRENT NAME: _____
New Name: _____
Birthdate: _____ Birthplace: _____
CURRENT NAME: _____
New Name: _____
Birthdate: _____ Birthplace: _____
CURRENT NAME: _____
New Name: _____
Birthdate: _____ Birthplace: _____

Each person whose name change is requested is a resident of Coconino County.

(6) I request the name change for the following reason:

This application is made solely for the best interest of each person whose name change is requested and will not operate to end any rights or obligations under the original name.

(7) OATH AND VERIFICATION:

I have read this Petition. It is true and complete to the best of my knowledge.

Applicant's Signature: _____

State of Arizona)

)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____

Notary Expiration Date: _____

I have read this Petition. It is true and complete to the best of my knowledge.

Other Parent's Signature: _____

Other Parent's Printed Name: _____

State of Arizona)

)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____

Notary Expiration Date: _____

(1) Person Filing: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

In the Matter of the Application of

Case Number: _____

(2) _____ **ORDER CHANGING NAME OF:**
(3) ☐ AN ADULT AND/OR ☐ A MINOR

THE COURT FINDS:

Each person whose name change is requested is a resident of Coconino County. If a name change is requested for a minor, the minor's natural or adopted parents agree to the name change. Good cause exists to grant the request.

THE COURT ORDERS:

(4)	The Current Name	Is Changed to the New Name	Birthdate
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

This order does not end any rights or obligations under the original name.

(5) ☐ The Department of Vital Records shall issue a new birth certificate reflecting the new name for each name change ordered.

Dated: _____

Judicial Officer's Signature